



## CITY OF GRESHAM

Finance and Information Technology  
Business License Section  
1333 NW Eastman Parkway  
Gresham, OR 97030-3813

### Business License Application (For Independent Contractors)

Any person who engages in any business within the city, or transacts any business for the purpose of generating revenue, must first obtain a business license. This license shall be in addition to any other license requirement of the City, County or State. (City Code 9.05.020)

The Business License is effective for a 12 month period, beginning on the first day of the month that it was applied for. A late fee of \$5.00 (or 10% per annum-whichever is greater) will be charged on all accounts for every 30 days that the license fees are not paid. (City Code 9.05.050-080)

**General Information: (Please Print or Write Legibly)**

First & Last Name			
Business Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Business Phone		Fax Number	
E-mail Address			

#### Owner Information:

First & Last Name			
Home Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Emergency Contact:		Phone:	
Home/Other Phone:		SS. # or Fed ID	
Date of Birth		Driver's License #	

#### Business Information:

Type of Business:			
Describe the type of service/ goods you will provide, sell or manufacture:			
SIC Code or NAICS Code:		# Of Employees:	

#### Business License Fee

1-2 Employees (Owners Count as employees)  
3 or more employees \$ 3.00 each: \_\_\_\_\_ X \$3.00

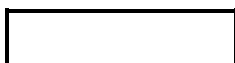
\$ 75.00 per year

\$ 00.00 No fee

\$ \_\_\_\_\_

**Total Due**

\$ \_\_\_\_\_



**PLEASE COMPLETE THE FOLLOWING INFORMATION IF IT APPLIES TO YOUR BUSINESS.**

**Home Based Businesses:**

State Registered \_\_\_\_\_ Daycare Provider \_\_\_\_\_ Adult Care Home \_\_\_\_\_

**All other types of Home Based Businesses must complete a Home Occupation Permit Application.**

**Retail Sales:**

Will your business sell used items? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you have a Musical device (juke box)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you have Coin Operated Amusement Devices? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Will you offer Bingo or other Social games? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Transportation Businesses:**

Will you provide Taxi or other Transportation Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Construction / Landscape Businesses:**

Construction Contractor Board License Number: \_\_\_\_\_

Landscape Board License Number: \_\_\_\_\_

Building Codes Agency License Number: \_\_\_\_\_

Registration Type: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exemption Status: Exempt ☐ Non-Exempt ☐

**Professional Licenses:**

Please list all other licenses issued to you related to this business:

**Agency:**

**License Number:**


**Business Location:**

\_\_\_\_\_ Home Office \_\_\_\_\_ New Development Name of  
\_\_\_\_\_ Industrial Park \_\_\_\_\_ Other Mall: \_\_\_\_\_  
\_\_\_\_\_ Office Building  
\_\_\_\_\_ Strip Mall

**Applicant agrees to comply with all ordinances of the City of Gresham. Acceptance of the required fee and issuance of the business license does not entitle the licensee to carry on any business not otherwise in compliance with Federal, State and Municipal law.**

**Signature:**

**Date:**

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(Business Owner or Contact Person)

**Work Sheet To Calculate Fees**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

**Calculating Fees:**

- |                                                                      |                                                         |   |                  |
|----------------------------------------------------------------------|---------------------------------------------------------|---|------------------|
| a.                                                                   | Business License Fee                                    | + | \$ <u>75.00</u>  |
| b.                                                                   | 1 to 2 Employees (Owner(s) count as employee)           |   | \$ <u>No Fee</u> |
| c.                                                                   | 3 or more employees \$3.00 each                         |   |                  |
|                                                                      | Number of Employees ____ ( - 2 ) = ____ X \$3.00 each + |   | \$ _____         |
| <b>Total Due (a +c) (Make checks payable to the City of Gresham)</b> |                                                         |   | \$ _____         |

The term “employee” includes Owner(s) and includes the number employees working within the City of Gresham limits.

\*\*\*\*\*

I declare by my signature that I have the authority to complete this and to the best of my knowledge I believe the information in the application is true, correct and complete.

\_\_\_\_\_  
Signature of Business Owner or Contact Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Be sure to include this worksheet along with your Business license application and payment to the City of Gresham.**

For Office Use Only

**Route to:**

**Comments:**

☐

**Business Licensing**  
**Carrie McKowen**

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**Permits**

✓

☐

Major Home Occupation

☐

Permit #:

Date  
Approved:

☐

Minor Home Occupation

☐

Permit #:

Date  
Approved:

**Notes and Follow Up:**


License Fees		Date Paid	
Employee Fees		Clerk's Initials	
Review Fee			
Total Received			
License Number			